STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968715	**09/05/2017**
NAME OF PROVIDER OR SUPPLIER **INSPIRED LIVING AT SUN CITY CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **1320 33RD ST SE** **SUN CITY CENTER, FL 33570**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

A complaint CCR#2017006804 survey was conducted at Inspired Living at Sun City Center Assisted Living Facility on . Inspired Living at Sun City Center Assisted Living Facility had deficient practice identified at the time of survey.

License: 12603

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on interview and record review, the facility failed to provide a 45 day written discharge notice for one Resident (#1) of three sampled residents who were discharged from the facility.

Finding Included:

On , a record review of the facility's admissions /transfer /discharge records revealed Resident#1 was admitted to the facility on and discharged from the facility on . The reason for discharge noted " Higher Level of Care."

On at 9:48 A.M. during an interview with the executive director, the executive director confirmed she did not provide Resident #1 a written 45-day discharge notice. However, Resident #1 was not allowed to return to the facility after a short stay in the hospital. The executive director could not provide documentation from Resident#1's physician deeming him not suitable for an Assisted Living Facility or that he required a higher level of care. The executive director agreed she should have provided a 45 day written discharge notice to the resident and his guardians.

On , a record review of Resident #'s file showed no evidence of 45 day written discharge notice in records.

No further documentation provided at this time by the facility regarding Resident #1 or his care needs.

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Class III